Rev. 06/95

Docket Number: AD6891 US PCT

DECLARATION and POWER OF ATTORNEY

As a below-named i	nventor, I hereby declare that:	•				
My residence, post office address and citizenship are as stated below next to my name.						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
	DING PRODUCED FROM BIO PRODUCING THE SAME	DEGRA	DABLE AROM	ATIC POLYESTER B	LEND COMPOSITION AN	D
•	which is attached hereto unless the	_				
was filed on	19 April 2004 as U.S. Applicat	tion No		or PCT Internation	al Application No. PCT/JP04	1/005532
and was am			applicable).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56.						
	gn priority benefits under 35 U.S.C					ertificate, or
§ 365(a) of any PC identified below, by	T International application which on checking the box, any foreign appli	designate ication for	ed at least one co	ountry other than the U	Inited States, listed below and	have also
before that of the application on which priority is claimed. Application No. Country			F	iling Date	Priority Claimed (Yes / No)	
					HH	
I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States Provisional Application(s) listed below.						
U.S. Provisional Application No. U.S. Filing Date						
114949/03 18 April 2003						
I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International Application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International Application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application. Application No. Filing Date Status						
						. <u> </u>
POWER OF ATTORNEY : I hereby appoint the following attorney(s) and/or agent(s) the power to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:						
Name: CRAIG H	. EVANS	_		Registration No.: 31	1,825	
Send correspondence and direct telephone calls to:					Tel. No.	
CRAIGH EVANS Lega			i Pont de Nemoui - Patents	rs and Company	(302) 992-3219 Fax No.	
		Wilmin	mington, DE 19898, U.S.A.		(302) 992-3257	
to be true; and furth or imprisonment, or	at all statements made herein of my er that these statements were made both, under Section 1001 of Title 1 any patent issuing thereon.	e with the	knowledge that v	villful false statements a	nd the like so made are punish	able by fine
			INVENTOR(S)			
Full Name of Inventor	Last Name MIZUTANI		First Name AKIKO		Middle Name	
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					<u> </u>	·

Additional Inventors are being named on separately numbered sheets attached hereto.

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INVENTOR(S) **Full Name** Last Name First Name Middle Name **MUREO** of Inventor KAKU Signature (please sign full name): Date: 10 20 2005 Residence & State of Foreign Country Country of Citizenship TÓCHIGI Citizenship **JAPAN** Post Office Address **Post Office** City State or Country Zip Code Address 2-40-7 Toyosatodai, Utsunomiya-shi **TOCHIGI JAPAN** 320-0003 Full Name Last Name First Name Middle Name of Inventor SUMI HIROYUKI Signature (please sign full name): Date: 2005 0/19 Suny Residence & State or Foreign Country Country of Citizenship Citizenship **TÓCHIGI-KEN** JAPAN Post Office Post Office Address State or Country Citv Zip Code 329-0434 **Address** 5-23-10 Gion, Minami TOCHIGI-KEN **JAPAN** Kawachi-machi, Kawachi-gun Full Name Last Name First Name Middle Name of Inventor Signature (please sign full name): Date: Residence & State or Foreign Country Country of Citizenship Citizenship Post Office Post Office Address City State or Country Zip Code **Address** Full Name Last Name First Name Middle Name of Inventor Signature (please sign full name): Date: Residence & City State or Foreign Country Country of Citizenship Citizenship Post Office Post Office Address City State or Country Zip Code **Address Full Name** Last Name First Name Middle Name of Inventor Signature (please sign full name): Date: Residence & City State or Foreign Country Country of Citizenship Citizenship Post Office Post Office Address City State or Country Zip Code Address **Full Name** Last Name First Name Middle Name of Inventor Signature (please sign full name): Date: Residence & City State or Foreign Country Country of Citizenship Citizenship Post Office Post Office Address City State or Country Zip Code **Address**

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